Asymmetrical tonsils in isolation, existing for over 6 weeks does not warrant tonsillectomy in the paediatric population.

**Introduction**
Diagnostic tonsillectomy is performed to exclude malignancy. It is associated with a post-operative hemorrhage rate of 3.5% which is more dangerous in small children. The aim of the study was to review the local practice of diagnostic tonsillectomy, learn lessons and possibly reduce unnecessary surgery.

**Results**
We recorded data for 168 patients with no malignancies found. Pre-operative tonsil grading correlated poorly to relative tonsil weight difference and was not statistically significant (ANOVA p=0.10). Actinomycosis had little affect on tonsil weight (t-test p=0.540 and paired t-test p=0.448) and was associated with recurrent tonsilitis.

<table>
<thead>
<tr>
<th>Histology Result</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lymphoid hyperplasia</td>
<td>159 (94.6%)</td>
</tr>
<tr>
<td>Normal</td>
<td>6 (3.6%)</td>
</tr>
<tr>
<td>Lymphangioma</td>
<td>3 (1.8%)</td>
</tr>
</tbody>
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**Conclusion**
- Five smaller case series of tonsil asymmetry in children found no malignancy (n=199).
- Case-control studies however report tonsillar asymmetry as the most common presenting symptom (73%) in tonsillar lymphoma. This enlargement usually occurs rapidly within 6 weeks with new obstructive or systemic B-type symptoms.
- A Turkish epidemiological study found asymmetrical tonsils in 1.7% of the healthy paediatric population. Extrapolating the national population consensus data we estimate there to be over 210,000 children with asymmetrical tonsils in the UK, while only 29 cases of paediatric tonsil lymphoma are diagnosed on average annually.

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